NO COST MOVE CHECKLIST (No PCS travel required)

		Date:		
Name:	Rank:	SSN:_		
Date Signed In:	PACIDI	N: <u>HH13VZ</u>	<u>'.6A/B</u>	
Orders & Amendments (1 Copy front	& back)			
DA 31- Leave Form (Original) *				
One of the following:				
a. DA Form 5960 - BAQ/VHA Certi	ificate (Origi	nal)		
b. Quarters Assignment or Terminati	ion (If applica	able)		
Make sure all blanks are checked off or	r write in " N /	A".		
* Even though this is a No Cost move, a DA Make sure your losing unit issues you a DA signed out/in on the same date.				
Program Managers : Comm: (210) 221-xxxx DSN: 471-xxxx	[] Mrs Sarabia [] Enlisted 1-: [] Mrs Prescot	5582	[] Ms Lai	tierrez – 1-3153 ra – 1-5725

Submit this No Cost Move Checklist, along with documents as indicated above. Make a copy of documents submitted for your records.